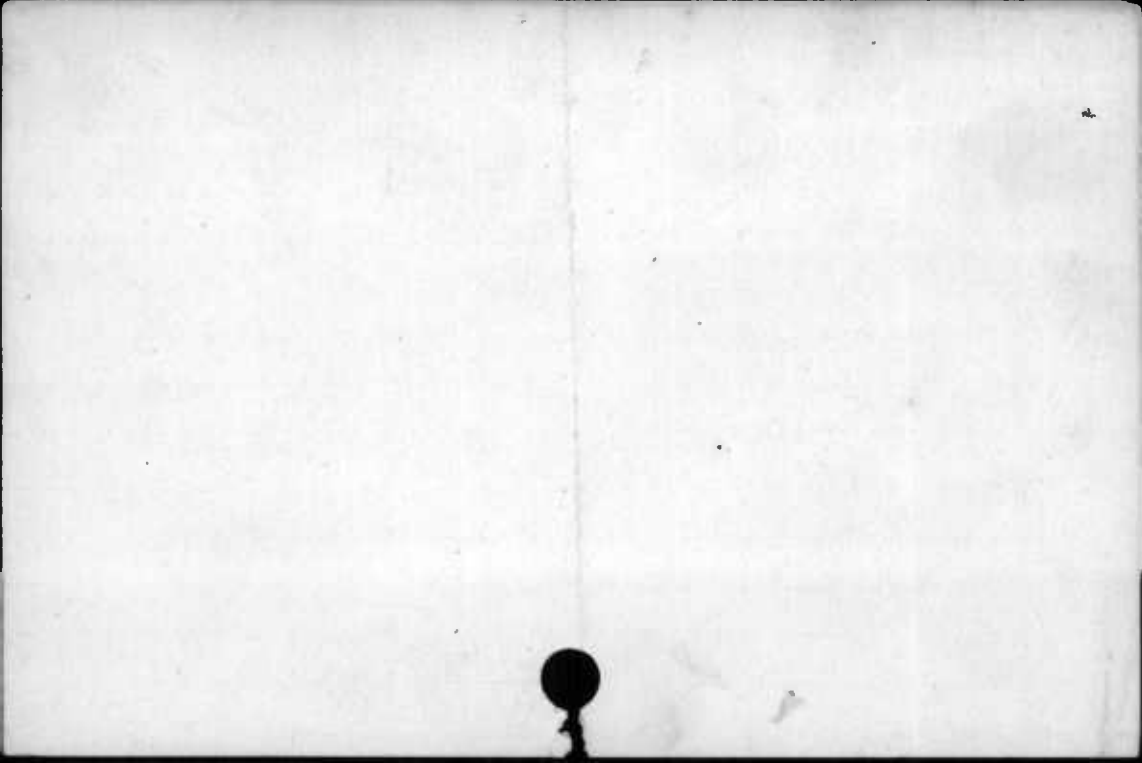
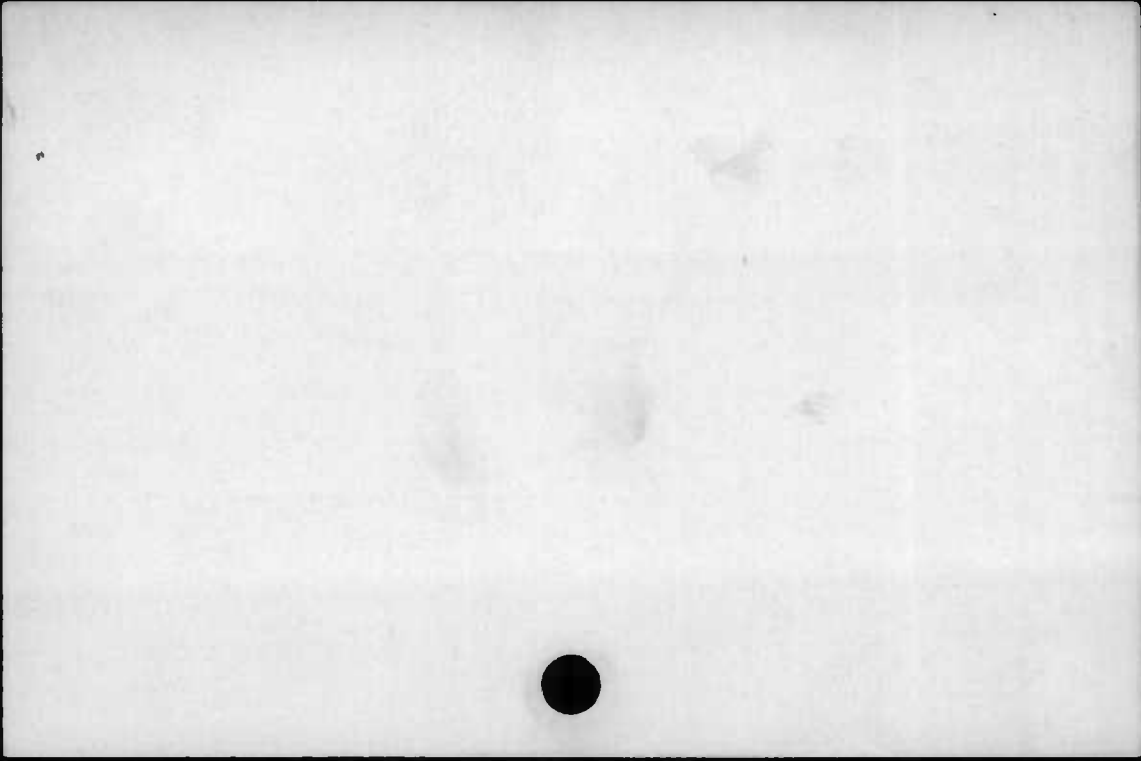


Name In Full		George Band				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at	Town Cecil Station		County Cecil		MARYLAND	
	Date of death	1906	Month July	Day 22	Age 56	Months 2	Days —
	Sex	Male		Color or Race Colored	Birth-place Carnal St		
	Occupation	Teacher			Where Residing if not at place of death		
	Married, Single or Widowed	Single			Name of Wife or Husband		
	Father's Name	David Band				Father's Birthplace	Harford Co.
	Mother's Maiden Name					Mother's Birthplace	
Name of person giving information	Harry A Band				How related to deceased	Wife	
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary	Heart Disease			How long	6 months	
	Immediate	Emphysema			How long	—	
	Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician		
					Address		
					Park Heights, Md.		
Accident or Suicide? <input checked="" type="checkbox"/>							



Name in Full		Certificate of Death				
TO BE ANSWERED BY NEAREST FRIEND		Town <i>Carroll</i>		County <i>Blancofield</i>		
		Died at <i>Count House Rd</i>		MARYLAND		
		Date of death <i>1906</i>	Month <i>July</i>	Day <i>6</i>	Age <i>10</i>	Years
		Sex <i>male</i>		Color or Race <i>white</i>		Birth-place <i>Carroll Co</i>
		Occupation <i>clerk</i>		Where Residing if not at place of death <i>Count House Rd</i>		
		Married, Single or Widowed <i>single</i>	Name of Wife or Husband			
		Father's Name <i>George Blancofield</i>		Father's Birthplace		
		Mother's Maiden Name <i>Jennie Bazz</i>		Mother's Birthplace		
Name of person giving information		How related to deceased				
CAUSES OF DEATH						
PHYSICIAN OR CORONER	Primary <i>Typhoid Fever</i>		How long <i>fourteen days</i>			
	Immediate <i>Exhaustion</i>		How long <i>12 hrs</i>			
	Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>J. J. Conroy</i>			
	Accident or Suicide?		Address <i>Chapman St</i> <i>and</i>			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Port Deposit</i> ^{Town}		<i>Cecil</i> ^{County}		MARYLAND	
Date of death	1906	Month	July	Day	15
Sex <i>Female</i>		Color or Race <i>white</i>		Age	
Occupation		Where Residing if not at place of death		Birth-place <i>Port Deposit</i>	
Married, Single or Widowed		Name of Wife or Husband			
Father's Name <i>Wm Brainer</i>		Father's Birthplace <i>Port Deposit</i>			
Mother's Maiden Name <i>Anna Harris</i>		Mother's Birthplace <i>"</i>			
Name of person giving information <i>Wm Brainer</i>		How related to deceased <i>Father</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Still Born</i>	How long	
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	<i>H. E. Clamon</i>
		Address	<i>Port Deposit</i>
Accident or Suicide?			



Name
in
Full

Wilhelmina Brown

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

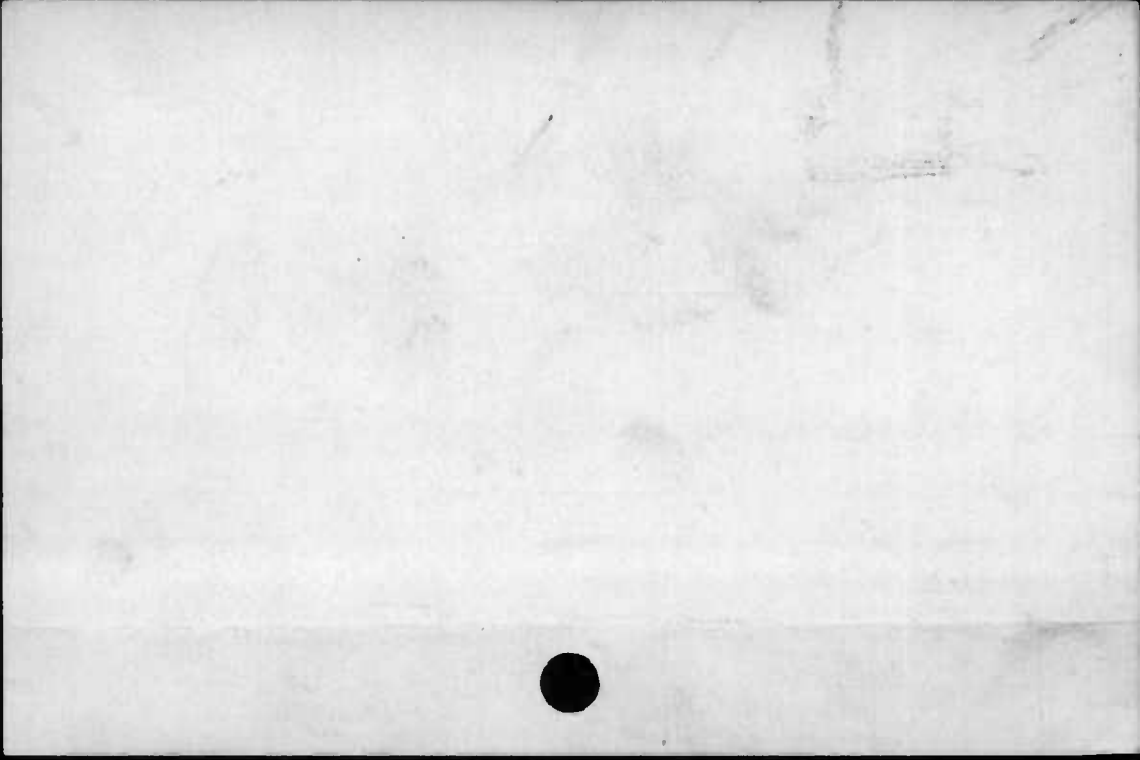
MARYLAND

Died at <u>Greenhurst</u> ^{Town}		<u>Bees</u> ^{County}			
Date ^{of death} <u>July 1906</u>	Month <u>July</u>	Day <u>22</u>	Years <u>28</u>	Months	Days
Sex <u>Female</u>	Color or Race <u>White</u>	Birth-place <u>Greenhurst</u>			
Occupation <u>House wife</u>		Where Residing if not at place of death <u>Greenhurst</u>			
Married, Single or Widowed <u>married</u>	Name of Wife or Husband <u>Ralph J. Brown</u>				
Father's Name <u>Wm. J. Gibson</u>	Father's Birthplace <u>Principio</u>				
Mother's Maiden Name <u>Mary Hambleton</u>	Mother's Birthplace <u>Calvert</u>				
Name of person giving information <u>J. V. Armour</u>		How related to deceased <u>uncle</u>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<u>Acute</u>	How long	<u>79</u>
Immediate	<u>Acute</u>	How long	
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <u>[Signature]</u>		
	Address <u>H. E. [Signature]</u>		
Accident or Suicide?			



Name
In
Full

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY
NEAREST FRIENDDied at *Near Earleville Cecil* CountyDate of death *1906* Month *7* Day *28* Age *69* YearsMonths *—* Days *—*Sex *Female* Color or Race *White* Birthplace *England*Occupation *House Wife* Where Residing if not at place of deathMarried, Single or Widowed *—* Name of Wife or Husband *Charles W. Clark*Father's Name *—* Father's Birthplace *—*Mother's Maiden Name *—* Mother's Birthplace *—*Name of person giving information *Charles W. Clark* How related to deceased *Husband*

CAUSES OF DEATH

Primary *Paralysis* How long *8 days*Immediate *—* How long *—*Are the name, age, sex, color, date and place correctly given above? *Yes*Signature of Physician *C. M. Black*Address *Becketon Mo*Accident or Suicide *—*



Name
in
Full

Thomas Gamble 3 dish-

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Alms House</u> ^{Town}		<u>cal</u> ^{County}		MARYLAND	
Date of death	<u>1906</u>	Month <u>July</u>	Day <u>17</u>	Age <u>82</u> Years	Months <u>—</u> Days <u>—</u>
Sex <u>Male</u>	Color or Race <u>white</u>		Birth-place <u>Maryland</u>		
Occupation <u>—</u>			Where Residing if not at place of death <u>—</u>		
Married, Single or Widowed <u>Married</u>		Name of Wife <u>Josephine Gamble</u>			
Father's Name <u>—</u>			Father's Birthplace <u>—</u>		
Mother's Maiden Name <u>—</u>			Mother's Birthplace <u>—</u>		
Name of person giving information <u>Josephine Gamble</u>			How related to deceased <u>Wife</u>		

CAUSES OF DEATH

Primary	<u>Arterio Sclerosis</u>	How long	<u>—</u>
Immediate	<u>Gastro-enteritis</u>	How long	<u>1 wk.</u>

Are the name, age, sex, color, date and place correctly given above?

Y

Signature of Physician

Address

H. Arthur Mitchell M.D.
Elkton Md

Accident or Suicide?

201

Name in Full Geo Gregg		4th Dist ceel		CERTIFICATE OF DEATH	
Died at Andora <small>Town</small>		ceel <small>County</small>		MARYLAND	
Date of death 1906 July <small>Month</small>		29 <small>Day</small>		11 <small>Months</small>	
Male <small>Sex</small>		white <small>Color or Race</small>		Maryland <small>Birth-place</small>	
Occupation _____		Where Residing if not at place of death _____			
Married, Single or Widowed Single		Name of Wife or Husband _____			
Father's Name Frank Gregg		Father's Birthplace Maryland			
Mother's Maiden Name Anne Scarborough		Mother's Birthplace Maryland			
Name of person giving information Frank Gregg		How related to deceased Father			
CAUSES OF DEATH					
Primary Enterocolitis		105		How long 1 week	
Immediate Meningitis				How long 2 days	
Are the name, age, sex, color, date and place correctly given above? yes		Signature of Physician C. J. Cannon M.D.			
		Address Cherry Hill			
Accident or Suicide? _____					

681



Name
in
Full

Agatha Irene Jones

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at *Elkton* Town *Cecil* County

Date of death *1906 July 23* Month *10* Day *1* Age *1* Years *10* Months *—* Days

Sex *Female* Color or Race *white* Birth-place *Elkton*

Occupation _____ Where Residing if not at place of death _____

Married, Single or Widowed _____ Name of Wife or Husband _____

Father's Name *Eduard Jones* Father's Birthplace *Elkton*

Mother's Maiden Name *Sarah M Foreaker* Mother's Birthplace *Elkton*

Name of person giving information *Matilda Foreaker* How related to deceased *G. mother*

CAUSES OF DEATH

Primary *Whooping Cough & Cholera Infantum* How long _____

Immediate *Exhaustion* How long _____

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Wm D Cawley
Elkton

med.

Accident or Suicide?

PHYSICIAN
OR CORONER

Belmont

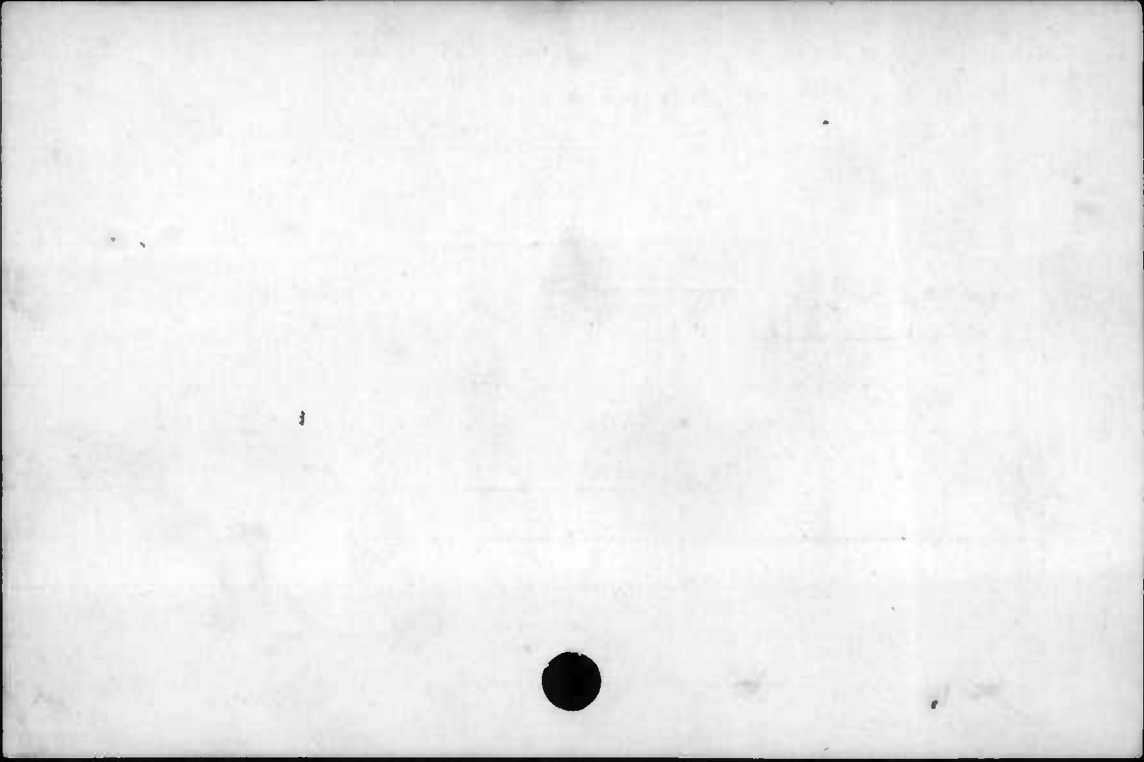
Name
In
FullLARUE
CERTIFICATE OF DEATHTO BE ANSWERED BY
NEAREST FRIEND

Benjamin Larue
 Died at canal station cecil County
 Maryland
 Date of death 1906 July 25 - Age 5-6
 Sex male Color or Race colored Birth-place Canal
 Occupation laborer Where Residing if not at place of death
 Married, Single or Widowed Married Name of Wife or Husband
 Father's Name Samuel Larue Father's Birthplace canal
 Mother's Maiden Name Caroline Sailor Mother's Birthplace Bush Neck
 Name of person giving information Rebecca Larue How related to deceased Wife

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Heart Disease How long 2 months
 Immediate Euthanasia How long
 Are the name, age, sex, color, date and place correctly given above? Yes Signature of Physician W. B. Clement
 Address Port Deposit
 Accident or Suicide? no



Name
in
Full

Rachel R. Lockard
 Town *Elkton* County *Cecil*

CERTIFICATE OF DEATH

MARYLAND

Died at

Date

of death

1906 July

Day

2

Age

82

Years

Months

1

Days

26

Sex

Female

Color or
Race

White

Birth-
place

Occupation

Where Residing if not
at place of death

Married, Single
or Widowed

Widowed

Name of
Husband

Wm Lockard

Father's
Name

Pryor

Father's
Birthplace

Mother's
Maiden Name

Mother's
Birthplace

Name of person giving
Information

How related
to deceased

CAUSES OF DEATH

Primary

Cancer of Stomach

How long

Immediate

Exhaustion

How long

Are the name, age, sex, color, date
and place correctly given above?

Signature of
Physician

Address

Wm J. Hawley
 Elkton
 Md

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

18-5-



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at *Near Cecil* Town *Cecil* CountyDate of death *1906* Month *7* Day *6* Age *87* Years Months DaysSex *Male* Color or Race *White* Birth-place *Germany*Occupation *Farmer* Where Residing if not at place of death

Married, Single or Widowed

Name of Wife or Husband

Father's Name

Father's Birthplace

Mother's Maiden Name

Mother's Birthplace

Name of person giving information

How related to deceased

CAUSES OF DEATH

Primary

Valvular disease Heart

How long

Eight years

Immediate

Cerebral Hemorrhage

How long

Three hours

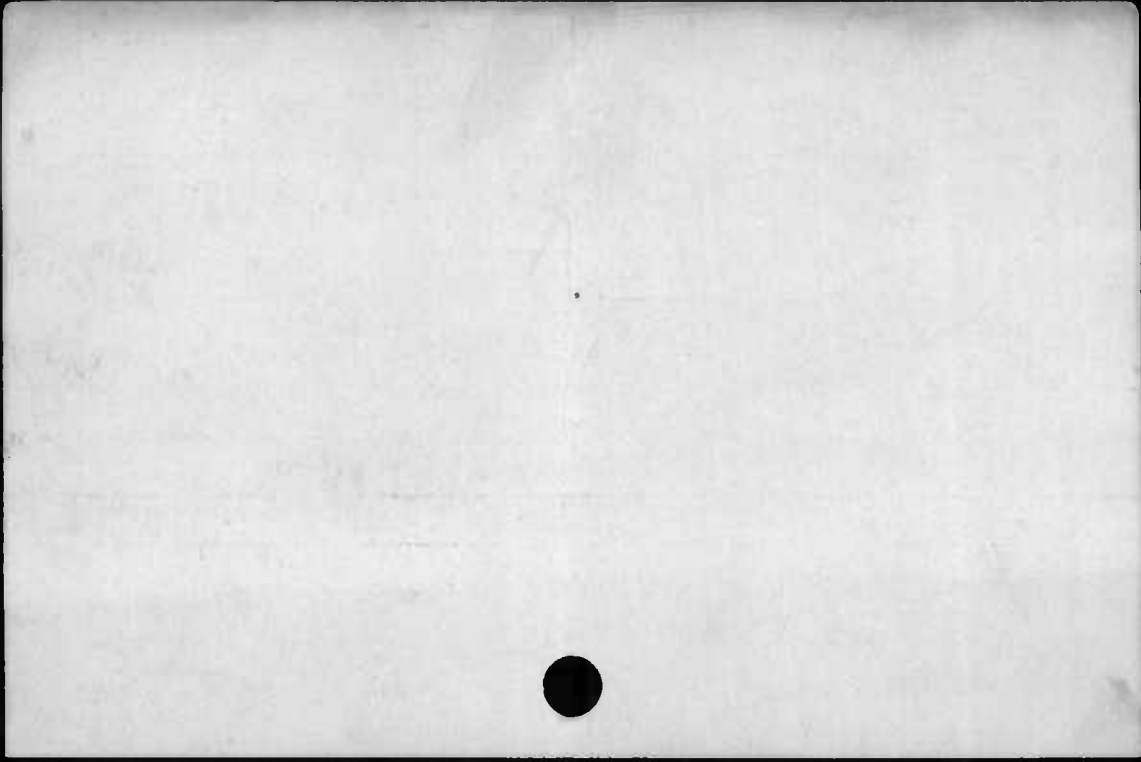
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Accident or Suicide?

PHYSICIAN
OR CORONER



Name

in
Full

Granville W Lynch

CERTIFICATE OF DEATH

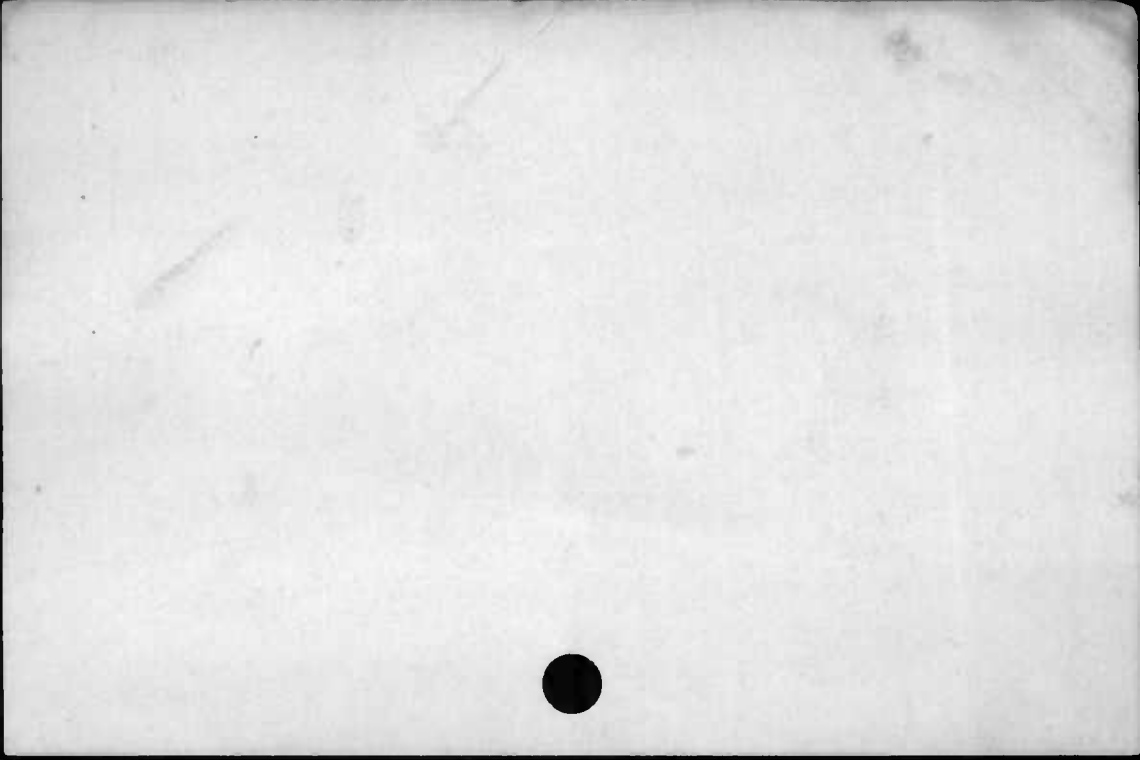
Died at <i>New Rising Sun</i> ^{Town}		<i>Cecil</i> ^{County}		MARYLAND	
Date of death	<i>1906</i> ^{Month} <i>July</i> ^{Day} <i>17</i>	Age	<i>56</i> ^{Years}	<i>—</i> ^{Months}	<i>—</i> ^{Days}
Sex	<i>Male</i>	Color or Race	<i>White</i>	Birth-place	
Occupation	<i>Farmer</i>		Where Residing if not at place of death <i>New Rising Sun Md</i>		
Married, Single <i>Married</i>	Name of Wife <i>Rebecca Lynch</i>				
Father's Name	<i>John Lynch</i>		Father's Birthplace	<i>Coal Co</i>	
Mother's Maiden Name	<i>Jane Harlow</i>		Mother's Birthplace	<i>Id</i>	
Name of person giving information	<i>Mrs Lynch</i>		How related to deceased	<i>wife</i>	

CAUSES OF DEATH

64

Primary	<i>Asthma</i>	How long	<i>2 years</i>
Immediate	<i>Apoplexy</i>	How long	<i>4 hours</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<i>Yes</i>		<i>John H. Jones</i>	
		Address	
		<i>Rising Sun Md.</i>	
Accident or Suicide?			

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name in Full

Certificate of Death

Patrick McCafferty

Town

County

Died at

Elkton

Cecil

MARYLAND

Month

Day

Y.

M.

D.

Native of

Occupation

Date 19

06

July

10

Age

82

Ireland

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband

of

Wife

Father's

Name

Mother's

Maiden Name

Cause of

Primary

Arterio Sclerosis

How long sick

1 yr

Death

Immediate

Strychnine

Accident, Suicide, Homicide

Reported by

H. M. Mutchers M.D.

Address

Elkton Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 70828



Name
in
Full

CERTIFICATE OF DEATH

William Henry Payer
Town Elk Creek County Cecil

MARYLAND

Died at Date of death 1906 July 29 Age 65- Months 4 Days 17

Sex Male Color or Race white Birth-place Cecil Co

Occupation Farmer Where Residing if not at place of death
Married, Single or Widowed Married Name of Wife or Husband Josephine Payer

Father's Name Father's Birthplace

Mother's Maiden Name Mother's Birthplace

Name of person giving information Josephine Payer How related to deceased wife

CAUSES OF DEATH

Primary Apoplexy How long
Immediate

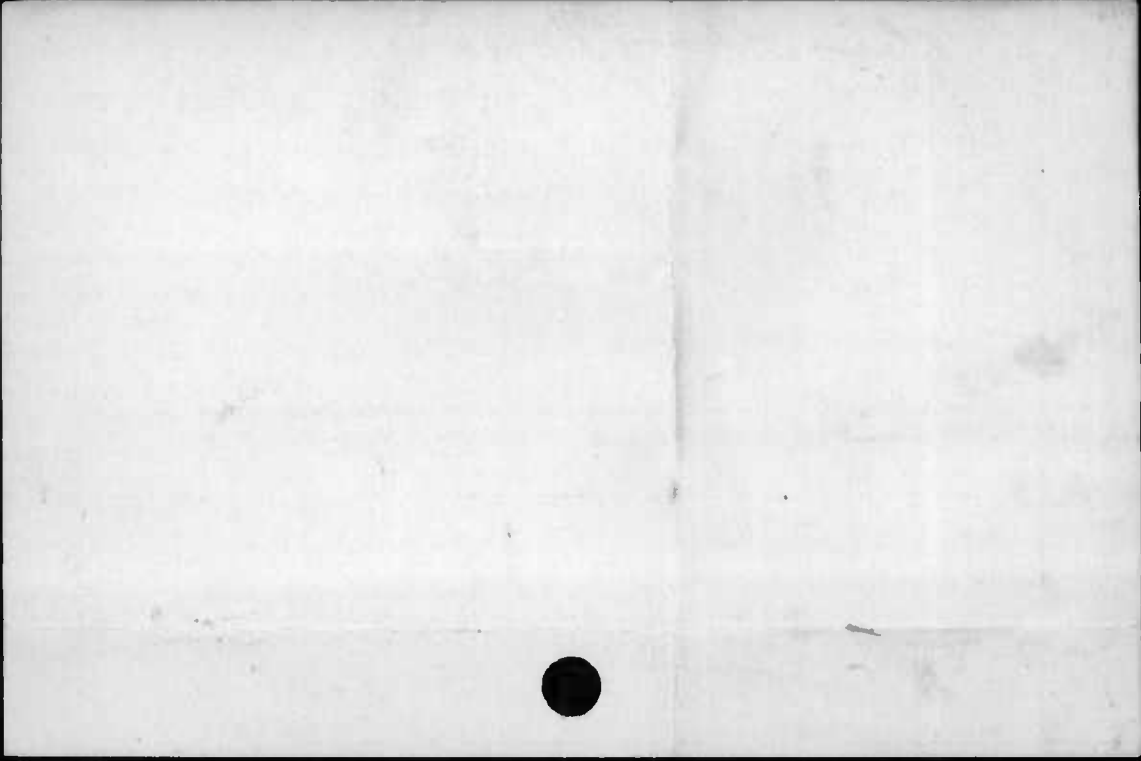
Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician Dr. J. C. Bradley
Address Elston Md.

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

Mary C. Pensel

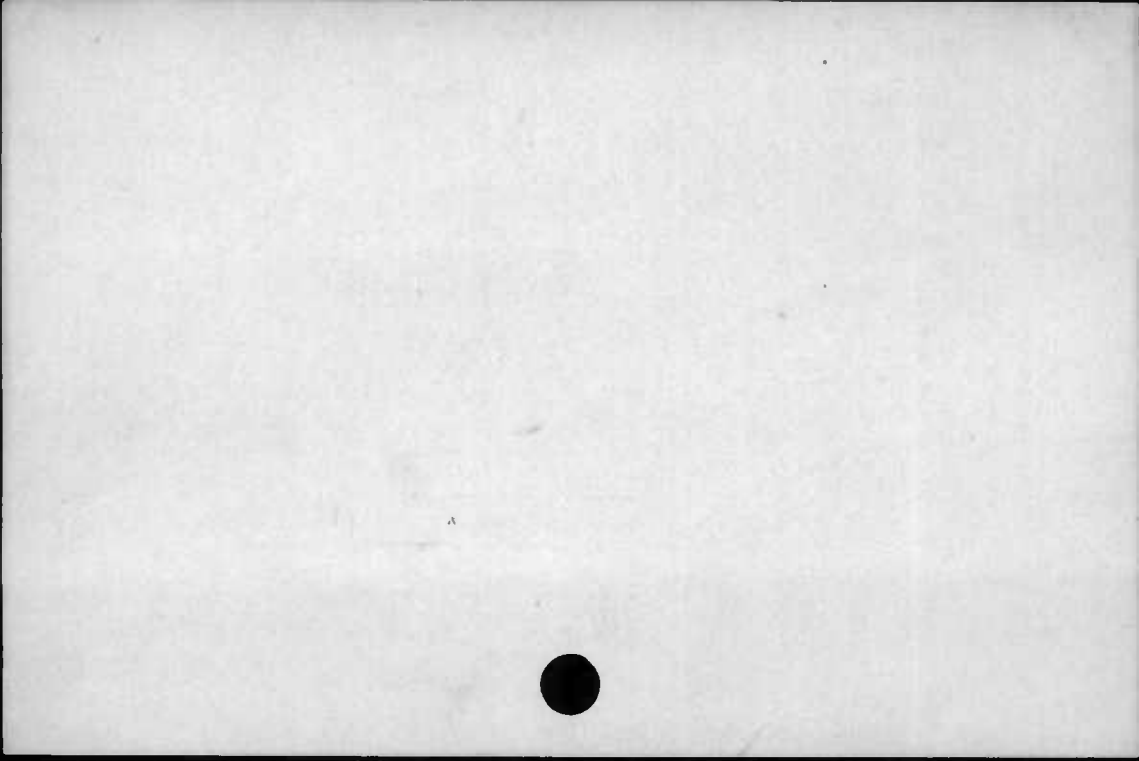
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Chesapeake City</i>		Town <i>Cecil</i>		County		MAYLAND	
Date of death <i>1906</i>		Month <i>July</i>		Day <i>2</i>		Age <i>68</i>	
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Germany</i>			
Occupation <i>Home</i>		Where Residing if not at place of death					
Married, Single or Widowed <i>married</i>		Name of Wife or Husband <i>Jacob Pensel</i>					
Father's Name <i>Shrier</i>		Father's Birthplace <i>Germany</i>					
Mother's Maiden Name <i>✓</i>		Mother's Birthplace <i>Germany</i>					
Name of person giving information <i>Jacob Pensel</i>		How related to deceased <i>Husband</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>158</i>	How long
Immediate <i>Drowning</i>		How long
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>Ricketta Nelson</i>
Accident or Suicide? <i>Suicide</i>		Address <i>Coroner of Cecil Co. E. Md.</i>



Name
in
Full

Annie Rasin

CERTIFICATE OF DEATH

Died at ^{Town} near Cecilton^{County} Cecil

MARYLAND

Date
of death 1906

Month

7

Day

26

Age

Years

30

Months

—

Days

—

Sex

Female

Color or
Race

African

Birth-
placeEth. north
local family

Occupation

House woman

Where Residing if not
at place of death

Eth. north

~~Married State~~
or WidowedName of ~~Wife~~ or
Husband

Augustus Rasin

Father's
Name

Wm. Thompson

Father's
Birthplace

Eth. north

Mother's
Maiden Name

Lizzie Chambers

Mother's
Birthplace

Eth. north

Name of person giving
information

W. J. Longrie

How related
to deceased

2nd Relation

CAUSES OF DEATH

Primary

Cerebral hemorrhage

How long

6 months

Immediate

u

u

How long

12 hours

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

E. W. Crawford

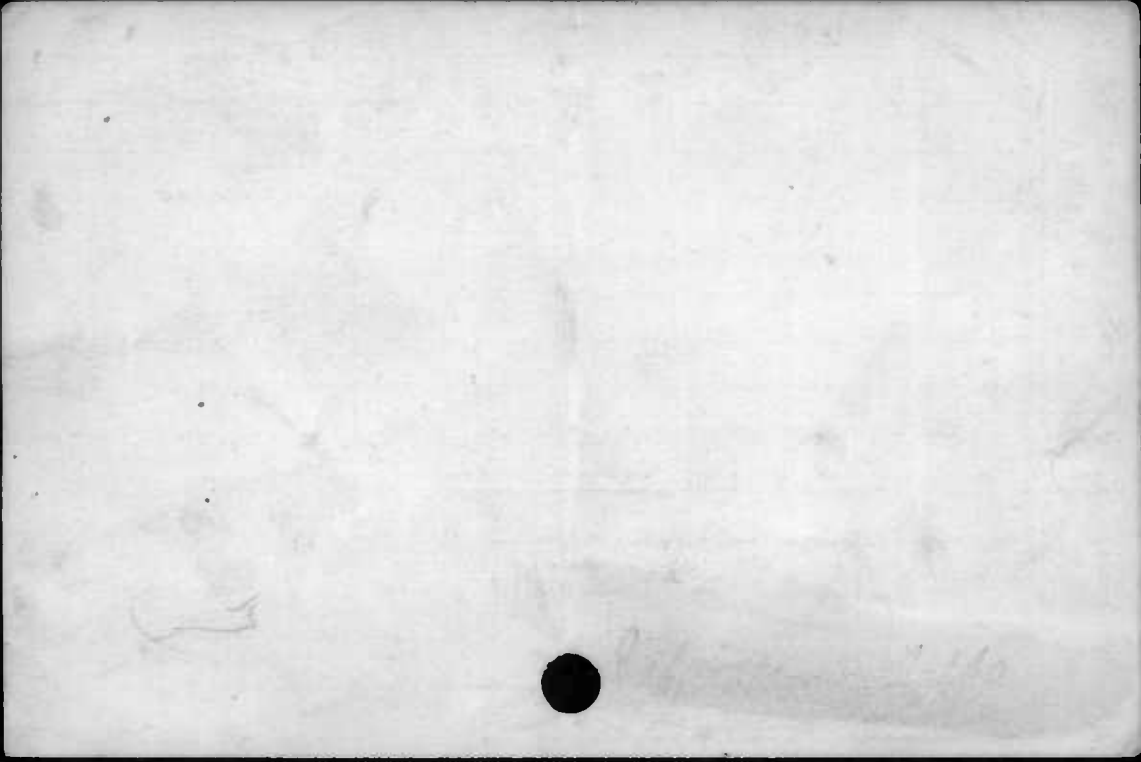
Address

Cecilton

Accident or Suicide?

Md

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at *Henrietta B Riegel* Town *Perryville* County *Cecil*Date of death *1906* Month *July* Day *9* Age *77* Years Months DaysSex *Female* Color or Race *White* Birthplace *Phila Pa*Occupation *—* Where Residing if not at place of death *Phila Pa*Married, Single or Widowed *Widowed* Name of Wife or Husband *John Riegel*Father's Name *John Becken* Father's Birthplace *Germany*Mother's Maiden Name *Martha Kirchner* Mother's Birthplace *Pa*Name of person giving information *Annie Sutton* How related to deceased *Daughter*

CAUSES OF DEATH

PHYSICIAN
OR CORONERPrimary *Paralysis* How long *2 or 3*Immediate *Embolism of Brain* How long *—*

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician *Geo. W. Henschel*Address *Perryville
Cecil Co, Md*

Accident or Suicide?



Name
in
Full

CERTIFICATE OF DEATH

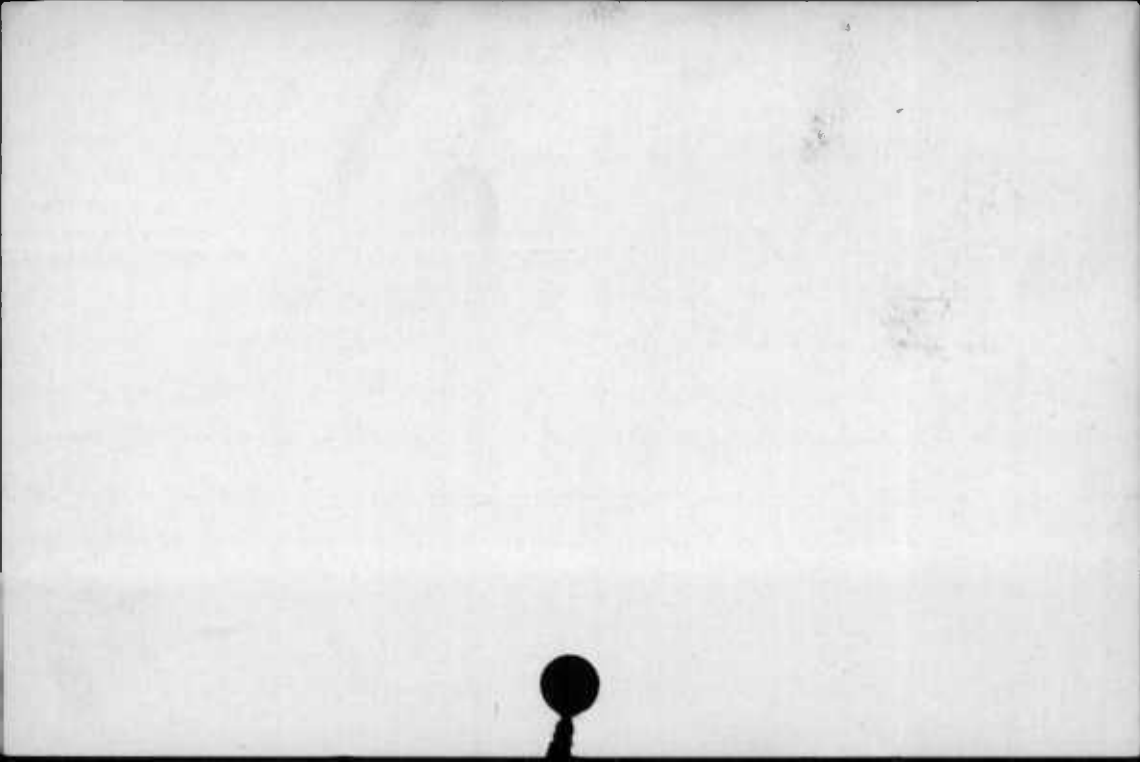
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Chesapeake Bay</i> Town		<i>Cecil</i> County		MARYLAND	
Date of death <i>1906</i> Month <i>July</i> Day <i>26</i> Age <i>77</i> Years		Months <i>11</i>		Days <i>—</i>	
Sex <i>Female</i>		Color or Race <i>white</i>		Birth-place <i>—</i>	
Occupation <i>Host</i>		Where Residing if not at place of death <i>—</i>			
Married, Single or Widowed <i>widow</i>		Name of Wife or Husband <i>John Robinson</i>			
Father's Name <i>John S. S. S.</i>		Father's Birthplace <i>Pennsylvania</i>			
Mother's Maiden Name <i>Elizabeth S. S.</i>		Mother's Birthplace <i>Pennsylvania</i>			
Name of person giving information <i>May L. S.</i>		How related to deceased <i>Daughter</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Tuberculosis</i>	How long <i>Several years</i>
Immediate <i>Exhaustion</i>	How long <i>—</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>J. J. Conner</i>
Accident or Suicide? <i>—</i>	Address <i>Chesapeake Bay and</i>



Name
in
Full

CERTIFICATE OF DEATH

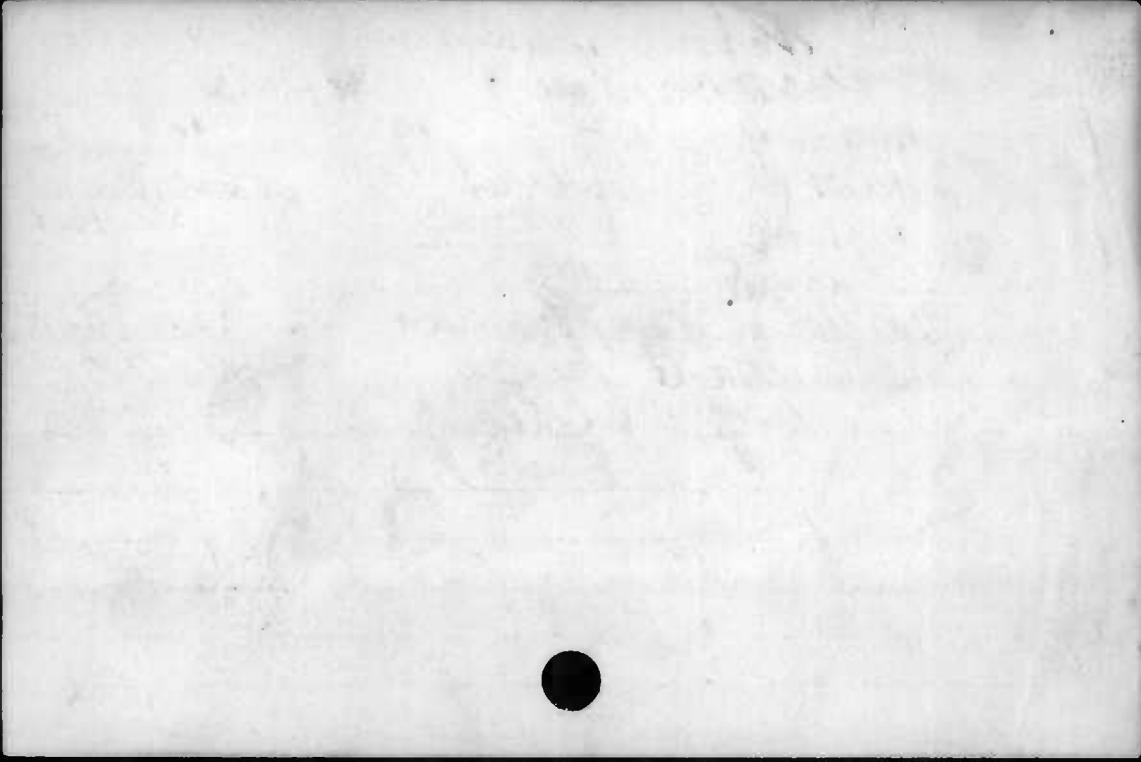
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death	1906	Month	July	Day	25	Years	19
Sex	Male	Color or Race	Colored	Birth-place		New York	
Occupation	Teacher			Where Residing If not at place of death			
Married, Single or Widowed	Single			Name of Wife or Husband			
Father's Name	William T. Thomas			Father's Birthplace			
Mother's Maiden Name	Martha C. Jones			Mother's Birthplace			
Name of person giving information	Martha C. Jones			How related to deceased			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Syphilitic Fever	How long	4 Weeks
Immediate	Diphtheria	How long	—
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	J. S. Brown
		Address	Port Deposit
Accident or Suicide?			



Name
in
Full

Martha. Eleanor. Washington.

CERTIFICATE OF DEATH

Died at ^{Town} Rowlandville.^{County} Cecil.

MARYLAND

Date of death 1906 ^{Month} July^{Day} 2nd ^{Years} 1.^{Months} 5.^{Days} 15.

Sex Female

Color or
Race

Black.

Birth-
place

Rowlandville

Occupation

Where Residing if not
at place of deathMarried, Single
or WidowedName of Wife or
HusbandFather's
Name

Elisha. Washington.

Father's
Birthplace

Rowlandville

Mother's
Maiden Name

Mary. E. B. Christie

Mother's
Birthplace

Pikesville

Name of person giving
In formation

A. A. Christie

How related
to deceased

Grandmother

CAUSES OF DEATH

Primary

Tuberculosis

How long

Six Months

Immediate

Diphtheria

How long

" "

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

Address

J. S. Brown
Port Deposit

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

